

Crosswalk of Consumer Services from CAP-MR/DD 2001 Waiver to CAP-MR/DD Waiver 2005

Consumer Currently Receives	Consumer Crosswalks to Service in September 1, 2005 Waiver	Case Management Action Required
Adult Day Health	Adult Day Health	Case Manager will complete plan revision with effective date of September 1, 2005, on new plan format, complete cost summary with effective date of September 1, 2005, thru the end of the individuals birthday month on the Division's format recording only waiver services. Case management agencies will maintain the original documents in their medical records. LME will not issue a formal approval letter unless there is a change in scope, duration, or frequency of the service.
Crisis Stabilization	Crisis Services	See information above for Adult Day Health
Day Habilitation (individuals that attend a licensed facility)	Day Supports	See information above for Adult Day Health
Day Habilitation (individuals that attend a facility that is not licensed)	Community component of Home and Community Supports	Update to Plan of Care should be submitted to LME. Case Manager will complete plan revision effective date of September 1, 2005, on new plan format, complete cost summary with effective date of September 1, 2005, thru the end of the individuals birthday month on the Division's format recording only waiver services. Plan of Care will be reviewed for justification. The individual's Plan of Care must clearly document why Home and Community Supports is being used in the non-licensed setting. Non-licensed providers will have until August 31st, 2006 to obtain licensure, recruit staff and enroll to provide Day Supports. LME will issue a formal approval letter which will be sent to the case manager. Upon approval of services, LME will issue a formal approval letter. Case manager will then send information to the direct service provider with service order.
Day Habilitation (individual whose service does not originate at a day program)	Community component of Home and Community Supports	Update to Plan of Care should be submitted to LME. Case Manager will complete plan revision effective date of September 1, 2005, on new plan format, complete cost summary with effective date of September 1, 2005, thru the end of the individuals birthday month on the Division's format recording only waiver services. Plan of Care will be reviewed for justification. There are

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		specific limitations to this service for individuals that are receiving Residential Supports and this should be reviewed closely. Upon approval of services, LME will issue a formal approval letter. Case Manager will then send information to the direct service provider with service order.
Developmental Day Care	See information for Day Habilitation in licensed and unlicensed facilities above	See information above for Day Habilitation in licensed and unlicensed facilities
Environmental Accessibility	Home Modification	No action required
Family Training	Individual/Caregiver Training and Education	See information above for Adult Day Health
In Home Aide Level I	N/A – no longer available	No action required
Interpreter	N/A – no longer available	No action required
MR Personal Care Services	Personal Care Services	See information above for Adult Day Health
MR Personal Care Services	Enhanced Personal Care Services	Update to Plan of Care should be submitted. Case manager will complete plan revision effective date of September 1, 2005, on new plan format, complete cost summary with effective date of September 1, 2005, thru the end of the individuals birthday month on the Division's format recording only waiver services. Plan of Care will be reviewed for justification. Utilization of Enhanced Personal Care constitutes an increase in services. The service is intended for individuals who have intense medical or behavioral needs. It is not a habilitative service. The service includes the same activities and functions as the standard service. The intense medical or behavioral needs must be identified by the NC-SNAP and the person-centered Plan of Care must provide clear documentation and justification for the need of the enhanced service. The results of the application of the NC-SNAP must result in a SNAP index score that places the individual in a level 3 or 4 does not automatically qualify the individual for the enhanced service. The plan of Care must clearly document the additional training requirements needed for the direct care staff. Upon approval of services, LME will issue a formal approval letter which

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		will be sent to the case manager. Case Manager will then send information to the direct service provider.
MR Waiver Equipment and Supplies	Specialized Equipment and Supplies	No action required
Personal Emergency Response System	Personal Emergency Response System	No action required
Respite Care Institutional	Respite Care Institutional	See information above for Adult Day Health
Respite Care Non-Institutional	Respite Care Non-Institutional	See information above for Adult Day Health
Respite Care Non-Institutional	Enhanced Respite Care Non-Institutional	<p>Update to Plan of Care should be submitted. Case Manager will complete plan revision effective date of September 1, 2005 on new plan format, complete cost summary with effective date of September 1, 2005, thru the end of the individuals birthday month on the Division's format recording only waive services. Plan of Care will be reviewed for justification. Utilization of Enhanced Respite constitutes an increase in services. The service is intended for individuals who have intense medical or behavioral needs. It is not a habilitative service. The service includes the same activities and functions as the standard service. Limitations are the same as for the standard service. The intense medical or behavioral needs must be identified by the NC-SNAP and the person-centered Plan of Care must provide clear documentation and justification for the need of the enhanced service. The results of the application of the NC-SNAP must result in a SNAP index score that places the individual in a level 3 or 4 of the statewide Utilization Review Guidelines. A SNAP index score that places the individual as a level 3 or 4 does not automatically qualify the individual for the enhanced service. The Plan of Care must clearly document the additional training requirements needed for the direct care staff. Upon approval of services, LME will issue a formal approval letter which will be sent to the case manager. Case Manager will then send information to the direct service provider.</p>
Respite Care-Nursing	Respite Care-Nursing	See information above for Adult Day Health

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Respite Care-Facility Based with 24 hour awake staff	Respite Care-Facility Based with 24 hour awake staff	See information above for Adult Day Health.
Supported Employment	Supported Employment	See information above for Adult Day Health. Note: The 2005 waiver requires that Supported Employment be reviewed every six months by the LME with continuing authorization contingent upon achievement of outcomes in the individual's Plan of Care.
Supported Living (Individuals living with their family)	Home and Community Supports Services may crosswalk without application of the Utilization Review Guidelines. The Guidelines will be applied when the CNR is submitted for review during the birthday month. Supported Living-Periodic will crosswalk to an equivalent amount of Home and Community Supports. Crosswalk from daily Supported Living to Home and Community Supports will correspond to current Supported Living hours.	Case Manager will complete plan revision with effective date of September 1, 2005 on new plan format, complete cost summary with effective date of September 1, 2005, thru the end of the individuals birthday month on the Division's format recording only waiver services. Information will be sent to LME and the appropriate service providers. Case management agencies will maintain the original documents in their medical records. LME will <u>not</u> issue a formal approval letter unless there is a change in scope, duration, or frequency of the service.
Supported Living (Residential and Alternative Family Living Providers)	Residential Supports	Update to Plan of Care should be submitted to LME. Case Manager will complete plan revision effective date of September 1, 2005 on new plan format, complete cost summary with effective date of September 1, 2005 thru the end of the individuals birthday month on the Division's format recording only waiver services. Plan of Care will be reviewed for justification. Consumers that receiving a combination of Supported Living-Periodic and MR Personal Care Services will receive a daily level of service determined by their SNAP Index Score. The NC-SNAP should <u>not</u> be changed to increase level of care. Local Approval will compare the NC-SNAP to the previous administration of the NC-SNAP and information documented in the current Plan of Care and past Plans of Care. Changes in the NC-SNAP must be supported by justification in the Plan of Care of evaluations completed by other professionals, i.e.;

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		psychologist, psychiatrist, physician, etc. The individual's Plan of Care must clearly document any changes in the NC-SNAP. Local Approval will review any NC-SNAP where drastic changes are noted. Upon approval of services, LME will issue a formal approval letter which will be sent to the case manager. Case Manager will then send information to the direct service provider.
Therapeutic Case Consultation	Specialized Consultative Services	See information above for Adult Day Health
Transportation	Transportation	No action required
Vehicle Adaptations	Vehicle Adaptations	No action required